

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038991

FILED VS NOV 1 1960

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. # 3 Fredericktown		c. CITY OR TOWN Fredericktown, Mo.	
Length of stay in 1b 2Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Rt. #3	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Martha Ann Bryant		4. DATE OF DEATH Month 10 Day 24 Year 1960	
5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/15/80
9. AGE (last birthday) 80		IF UNDER 1 YEAR Month 7 Day 9 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Bollinger County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James M. Loyd		13b. MOTHER'S MAIDEN NAME Lucy J. Aker	
14. NAME OF HUSBAND OR WIFE Charles Bryant		Address Alma Steele, Rt. 3 Fredericktown, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-07-1354	
17. INFORMANT Alma Steele		Address Rt. 3 Fredericktown, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) MYOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from 8-29-1956 to Oct. 24, 1960 and last saw her alive on Oct. 24, 1960 Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George W. Johnson D.O.		22b. ADDRESS 1386 Main St. Fredericktown, Mo.	
22c. DATE SIGNED Oct. 27, 1960		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE 10/26/60	23c. NAME OF CEMETERY OR CREMATORY Marcus Mem. Park Cem.	
23d. LOCATION (City, town, or county) Fredericktown, Mo.		(State)	
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 10-28-1960	
26. REGISTRAR'S SIGNATURE Therese Hicks			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth L. Liley

Licensed Embalmer No. 5086

P. O. Address

Fredrick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.